

FINANCIAL POLICY ACKNOWLEDGEMENT AND CREDIT CARD AUTHORIZATION

We, at Lindsay Keith, M.D. PLLC, are committed to providing you with the best possible care. In order to achieve these goals, we need your assistance and your understanding of our financial policy.

Payment for Services:

As outlined in our Financial Policy, payment is expected at the time services are rendered. This includes deductibles, coinsurance, and copayments. Returned checks will incur a \$25.00 service charge plus bank charges.

Insurance Claims:

If you have insurance, we will bill your insurance provider as a courtesy. However, you are ultimately responsible for payment of your bill. You are also responsible for any amount not covered by your insurance, including but not limited to co-pays, deductibles, and non-covered services.

Credit Card on File Policy:

In an effort to make payment more convenient and to avoid delays in treatment, we offer the option to keep your credit card information securely on file.

- Your credit card information will be kept secure and confidential in accordance with industry standards.
- After your insurance has issued payment and your statement is processed, any remaining balance will be charged to the credit card on file.
- You will receive a receipt for any charges made to your card.
- This authorization will remain in effect until canceled by you in writing.

Authorization:

By signing below, you acknowledge that you have read and understand our Financial Policy. You also authorize Lindsay Keith, M.D. PLLC to keep your credit card on file and charge it for balances due as outlined above.

<input type="checkbox"/>	CASH
<input type="checkbox"/>	CHECK
<input type="checkbox"/>	CREDIT CARD

I accept responsibility for payment of all fees related to services provided by Lindsay Keith, M.D. PLLC.

PATIENT/GUARANTOR SIGNATURE:

DATE:

PATIENT NAME IF DIFFERENT
FROM GUARANTOR:

Patients who have an insurance carrier with whom the practice has a valid contract will be responsible for all fees outlined in the patient's agreement at the time the service is provided.